, in the same of t									Application or Docket Number						
PATENT APPLICATION FEE DETERMINATION RECORD Effective October 1, 2000										09820722					
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY				
TOTAL CLAIMS			5.9	7				RATI	Ē	FEE		RATE	FEE		
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE 355.00		355.00	OR	BASIC FEE	710.00		
TOTAL CHARGEABLE CLAIMS			59 minus 20=		. 39			X\$ 9=		,	OR	X\$18=	702		
INDEPENDENT CLAIMS			le mir	nus 3 =	13			X40=			OR	X80=	1040		
MU	LTIPLE DEPEN	DENT CLAIM PI	RESENT				+135=				ОΠ	+270=			
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTA	L.		OR	TOTAL	2452		
CLAIMS AS AMENDED - PART II									1			OTHER			
	<u> 71</u>	(Column 1)		(Colu		(Column 3)		SMAI		ENTITY	OR	SMALL			
AMENOMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI PAID	BER DUSLY	PRESENT EXTRA		RATI	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE		
NON	Total	.59	Minus	&	9	a		X\$ 9	=		OR	X\$18=			
AME	Independent	· 160	Minus	•••	6			X40=	=		OR	X80=			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+135	=		OR	+270=			
\sim 0									TAL		OR	TOTAL			
31	524747 (Column 1) (Column 2) (Column 3)								EE	<u></u>		ADDIT. FEE			
		CLAIMS		HIGH	1EST	Ţ	1		\neg	ADDI-			ADDI-		
NT B		REMAINING AFTER AMENDMENT		PREVI	IBER OUSLY FOR	PRESENT	П	RATI	Ε	TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT B	Total	. 59	Minus	5	9	=		X\$ 9	=		OR	X\$18=			
ME	Independent	• 6	Minus	*** /	6	- -	$\ \ $	X40=	=		OR	X80=			
Ĺ	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135	=		OR	+270=			
								TOT ADDIT. F			OR	TOTAL ADDIT. FEE			
		(Column 1)		(Colu	mn 2)	(Column 3)	_								
၁		CLAIMS REMAINING			HESY IBER	PRESENT	1 [ADDI-			ADDI-		
ENT		AFTER AMENDMENT		PREVI	OUSLY	EXTRA		RATE		TIONAL FEE		RATE	TIONAL FEE		
AMENDMENT	Total	•	Minus	**		= '		X\$ 9:	=		OR	X\$18=			
AME	Independent	•	Minus	***	T (0) 4 19 2	-	 	X40=			OR	X80=			
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR	+270=			
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.											OR	TOTAL			
***	If the Stichart No.	mhar Provincely P	aid For IN THI	S SPACE	is lass the	an 3. enter "3."		ADDIT. F			,	ADDIT, FEE			
	The "Highest Nurr	nber Previously Pa	id For" (Total o	rindepend	dent) is the	nighest numb	er fou	ung in the	apş	propriate box	k in co	rumn 1.			

FORM PTO-875 (Rev. 8/00) Patent and Trademark Office, U.S. DEPARTMENT OF COMMERCE